

The delay in the effective date of the new PCP materials is related to legislative requirements specifically carried out on the signature page of the new PCP form, in the first section, Service Orders (Section A) where the licensed professional must indicate whether he/she has had direct contact with the individual and whether he/she has reviewed that person's assessment. Legislation also requires that licensed professionals who do not make these indications are to be reported to their licensing boards by DHHS. It has become a more difficult task than thought to create a process for collecting this data in order for the reporting to occur. The DHHS process for completing all requirements in the legislation has to be submitted to the General Assembly and may not be effective until 15 days following this submission. We are unable to make this submission until the process outlined above is in place.

PLEASE NOTE: Any provider who has in good faith begun use of the new PCP format for plans that may have been due in January 2009, do not need to re-do these plans on the old format. There will be no sanctions during a Medicaid audit or other review for using the new format prematurely. Also note that any newly required PCP elements, such as the area of the new signature page described above may be completed per the new instructions, but the requirement to do so will not be in place until a new effective date is posted.

We deeply regret any inconvenience this change has caused in your work with people receiving mh/dd/sa services. If there are any further questions, please submit them to ContactDMH@ncmail.net, and we will respond as soon as possible.